			DE-1/4			
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):			FOR COURT USE ONLY			
TELEPHONE NO.:	FAX NO.:					
ATTORNEY FOR (Name):	LIFORNIA COUNTY OF					
SUPERIOR COURT OF CA STREET ADDRESS:	ALIFORNIA, COUNTY OF					
MAILING ADDRESS:						
CITY AND ZIP CODE:						
BRANCH NAME:						
ESTATE OF (Name):						
		DECEDENT	OAOF NUMBER			
ALLOWA	NCE OR REJECTION OF CREE	DITOR'S CLAIM	CASE NUMBER:			
NOTE: Attach a copy	of the creditor's claim. If allows	nce or rejection by the court	is not required, do not include any			
	ed to the creditor claim form.	ince of rejection by the court	is not required, do not include any			
PERSONAL REPRESENTATIVE'S ALLOWANCE OR REJECTION						
Name of creditor (spe	cify):					
2. The claim was filed or						
3. Date of first issuance						
4. Date of Notice of Adn	ninistration:					
5. Date of decedent's de						
6. Estimated value of es	'					
7. Total amount of the cl8. Claim is allowed		The court must approve cortain	alaima hafara thay are naid \			
_	claims before they are paid.)					
9. Laim is rejected for: \$ (A creditor has three months to act on a rejected claim. See box below.) 10. Notice of allowance or rejection given on (date):						
		ster the estate under the Indepe	endent Administration of Estates Act.			
Date:						
		L				
	PE OR PRINT NAME)	. (SIGNAT	TURE OF PERSONAL REPRESENTATIVE)			
(11)	L OKT KINT WANE)	(OIONA)	TORE OF TEROONAL NEI RESERVATIVE)			
REJECTED CLAIMS:	REJECTED CLAIMS: From the date notice of rejection is given, the creditor must act on the rejected claim (e.g., file a lawsuit) as follows:					
a. Claim due: within three months after the notice of rejection.						
	b. Claim not due: within three m	nonths after the claim becomes	due.			
COURT'S APPROVAL OR REJECTION						
12. Approved for: \$						
13. Rejected for: \$						
Date:		CIONIATURE	OF HIDGE COMMISSIONED			
14. Number of pages attached: SIGNATURE FOLLO		OF JUDGE COMMISSIONER WS LAST ATTACHMENT				
		(0)				

(Proof of Service on reverse)

ESTATE OF (Name):			CASE NUMBER:
_		DECEDENT	
PROOF	OF MAILING PER	SONAL DELIVERY	TO CREDITOR
1. At the time of mailing or pers	sonal delivery I was at least 18 years o	of age and not a party	to this proceeding.
2. My residence or business ac	ldress is (specify):		
3. I mailed or personally delive	red a copy of the Allowance or Rejecti	on of Creditor's Claim	as follows <i>(complete either a or b)</i> :
	nt of or employed in the county where	the mailing occurred.	
(a) depos (b) placec our orc corres deposi postag	dinary business practices. I am readily bondence for mailing. On the same da ted in the ordinary course of business e fully prepaid.	ng on the date and at the familiar with this busing that correspondence with the United States	ce with the postage fully prepaid. ne place shown in items below following less's practice for collecting and processing is placed for collection and mailing, it is Postal Service in a sealed envelope with
(b) Address on	envelope:		
(c) Date of mai (d) Place of ma	ling: illing (city and state):		
_	I personally delivered a copy to the c	reditor as follows:	
(1) Name of credito(2) Address where			
(3) Date delivered:(4) Time delivered:			
I declare under penalty of perjur	y under the laws of the State of Califor	rnia that the foregoing	is true and correct.
Date:			
		•	
	ME OF DECLARANT)	<u>*</u>	(SIGNATURE OF DECLARANT)